



COUNCIL ON AGING & DISABILITIES APPLICATION FORM

Name of Applicant (<i>first, middle initial, last – preferred name</i>) _____		Today's Date _____												
Address _____		Date of Birth _____												
Phone Number(s) _____	E-mail _____													
<p>I represent the following (<i>check all that apply</i>):</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Persons older than 60</td><td><input type="checkbox"/> Persons with mental illness</td></tr><tr><td><input type="checkbox"/> Persons younger than 60</td><td><input type="checkbox"/> Persons affected by alcohol/other drug abuse</td></tr><tr><td><input type="checkbox"/> Persons with physical disabilities</td><td><input type="checkbox"/> Family Caregivers</td></tr><tr><td><input type="checkbox"/> Persons with developmental disabilities</td><td><input type="checkbox"/> Other _____</td></tr></table>			<input type="checkbox"/> Persons older than 60	<input type="checkbox"/> Persons with mental illness	<input type="checkbox"/> Persons younger than 60	<input type="checkbox"/> Persons affected by alcohol/other drug abuse	<input type="checkbox"/> Persons with physical disabilities	<input type="checkbox"/> Family Caregivers	<input type="checkbox"/> Persons with developmental disabilities	<input type="checkbox"/> Other _____				
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<input type="checkbox"/> Persons younger than 60	<input type="checkbox"/> Persons affected by alcohol/other drug abuse													
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<p>Special skills or expertise:</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Advocacy</td><td><input type="checkbox"/> Legislative Experience</td><td><input type="checkbox"/> Schools/Education</td></tr><tr><td><input type="checkbox"/> Curriculum Development</td><td><input type="checkbox"/> Marketing/Writing</td><td><input type="checkbox"/> Senior Centers</td></tr><tr><td><input type="checkbox"/> Finance/Budget Planning</td><td><input type="checkbox"/> Nutrition Programs</td><td><input type="checkbox"/> Technology</td></tr><tr><td><input type="checkbox"/> Event Planning/Fundraising</td><td><input type="checkbox"/> Public Speaking</td><td><input type="checkbox"/> Other _____</td></tr></table>			<input type="checkbox"/> Advocacy	<input type="checkbox"/> Legislative Experience	<input type="checkbox"/> Schools/Education	<input type="checkbox"/> Curriculum Development	<input type="checkbox"/> Marketing/Writing	<input type="checkbox"/> Senior Centers	<input type="checkbox"/> Finance/Budget Planning	<input type="checkbox"/> Nutrition Programs	<input type="checkbox"/> Technology	<input type="checkbox"/> Event Planning/Fundraising	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Other _____
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<p>Examples of work, volunteer, and/or other relevant experience (<i>attach additional paperwork if necessary</i>):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>														

Attach a letter of recommendation which articulates how you will demonstrate leadership as a representative on the Council on Aging and Disabilities, and will serve as a committed advocate on behalf of older adults; persons with physical disabilities, developmental disabilities, substance abuse and/or mental health issues .

If appointed to the Council on Aging and Disabilities, I state I do not have a financial interest in, or serve on a governing board of, a Managed Care Organization, PACE program, Family Care Partnership Program, SSI Managed Care Plan, or have a family member with any of these same conflicts.

Signature

Date

Please complete form and return to: ADRC, 1752 Dorset Lane, New Richmond, WI 54017

COUNCIL ON AGING & DISABILITIES – JOB DESCRIPTION

Mission:

The mission of the Aging and Disability Resource Center (ADRC) of St. Croix County is to empower and support older adults, people with disabilities, and their families by serving as a central source of information, assistance, and access to community resources. The Council on Aging and Disabilities is instrumental in supporting this mission.

Purpose:

The Council on Aging and Disabilities is the appointed or citizen oversight body that represents the interests of the public as a whole, and older people and younger persons with developmental or physical disabilities specifically, in the policies and decisions that govern the ADRC.

Qualifications:

Representatives of the Council on Aging and Disabilities demonstrate the following commitment to the Council on Aging and Disabilities, as well as the ADRC of St. Croix County:

- 1) A genuine interest and commitment to public service;
- 2) Ability to attend and participate in regularly scheduled meetings;
- 3) Ability to articulate older adults' and persons with disabilities' interests and needs;
- 4) Willingness to advocate on behalf of consumers from their communities, county, and state within their extensive network of personal contacts;
- 5) Capacities to read, evaluate, and approve meeting minutes, staff reports, and budget;
- 6) Ability to use strategic thinking to make decisions with an awareness of the future.

Estimated Time Commitment:

A minimum time commitment of five hours/month will be necessary to be an effective council member. It is expected that council members attend the monthly meetings (3rd Thursday of each month, unless otherwise scheduled, at 8:30am at various locations throughout the county) and possible special meetings as necessary. Additional time is required to read information and prepare for meetings. Council members who cannot attend a meeting are expected to report their absence in advance as a courtesy to other members.

Specific Duties

- ✓ Review and update structure, policies, and procedures, including Aging Unit Plan, assuring input from consumers.
- ✓ Oversee the ongoing operations of the ADRC including annual review of interagency agreements.
- ✓ Provide financial oversight, including development of a budget and monitoring of expenditures.
- ✓ Identify potential new sources of community resources and funding to serve ADRC target populations.
- ✓ Provide input into the hiring, firing, and evaluating of the ADRC Director.
- ✓ Stay informed on issues of importance to customers of the ADRC of St. Croix County.
- ✓ Recommend strategies for building local capacity to serve the target populations to local elected officials, the regional advisory committee, and the Department of Health and Family Services as appropriate.
- ✓ Demonstrate commitment to continuous learning and development as a council member.
- ✓ Orient new council members.

Terms of office:

Members shall serve terms of 3 years arranged so that, as nearly as practicable, the terms of one-third of the members expires each year; and no member may serve more than 2 consecutive terms. * In the case of county board members the requirement is 3 consecutive 2-year terms.